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10/676,197

number

**Application Number** 

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| Effective on 12/08/2004.  | Complete if Known  |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | 40/070 407   |

## TDANCMITTAL

| FEE IRAN  | SWILLAL     | Filing Date          | 10/01/2003          |  |  |
|---|-------------|----------------------|---------------------|--|--|
| For FY  | 2006        | First Named Inventor | Timmins, Timothy A. |  |  |
| Applicant claims small entity status. See 37 CFR 1.27 |             | Examiner Name        | 2614                |  |  |
|   |             | Art Unit             | Elahee, MD S.       |  |  |
| TOTAL AMOUNT OF PAYMENT                               | (\$) 200.00 | Attorney Docket No.  | 41698-1104          |  |  |

| TOTAL AMOUNT OF PAYME  | ENT      | (\$) 200.00   |               | Attomey Docke | et No. 4       | 1698-1104           |                                  |  |
|--|----------|---------------|---------------|---------------|----------------|---------------------|----------------------------------|--|
| METHOD OF PAYMENT (check all that apply)   |          |               |               |               |                |                     |                                  |  |
| Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 50-0988 Deposit Account Name:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |          |               |               |               |                |                     |                                  |  |
| Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card  |          |               |               |               |                |                     |                                  |  |
| Information and authorization or   |          |               | iit card iiii |               | not be inclut  | led off dis form. F | Tovide credit card               |  |
| FEE CALCULATION  |          |               |               |               |                |                     |                                  |  |
| BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FEES     Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity  |          |               |               |               |                |                     |                                  |  |
| Application Type   | Fee (\$) |               | Fee (\$       | Fee (\$)      | <u>Fee (\$</u> | Fee (\$)            | Fees Paid (\$)                   |  |
| Utility  | 300      | 150           | 500           | 250           | 200            | 100                 | <del></del>                      |  |
| Design   | 200      | 100           | 100           | 50            | 130            | 65                  |                                  |  |
| Plant  | 200      | 100           | 300           | 150           | 160            | 80                  |                                  |  |
| Reissue  | 300      | 150           | 500           | 250           | 600            | 300                 |                                  |  |
| Provisional  | 200      | 100           | 0             | 0             | 0              | 0                   |                                  |  |
| 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  |          |               |               |               |                | Fee (\$) 50 200 360 | Small Entity Fee (\$) 25 100 180 |  |
| Multiple dependent clai  |          | aims Fee (\$) | Fee           | e Paid (\$)   |                |                     | ependent Claims                  |  |
| - 20 or HP =   |          |               |               | Fee (\$)      | Fee Paid (\$)  |                     |                                  |  |
| HP = highest number of total claims paid for, if greater than 20.  Indep. Claims   |          |               |               |               | <del></del>    |                     |                                  |  |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) x = Fee Paid (\$) |          |               |               |               |                |                     |                                  |  |
| 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)   |          |               |               |               |                |                     |                                  |  |
| Other (e.g., late filing surcharge):   |          |               |               |               |                |                     |                                  |  |
| CLIDMITTED BY  |          | 1             | //            |               |                |                     |                                  |  |

Registration No. 31,667 Telephone (212) 836-7286 Signature Date November 01, 2006 Name (Print/Type) (Brandon N. Sklar, Esq.

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:

Timmins, Timothy A.

Serial No.:

10/676,197

Group Art Unit: 2614

Dated Filed: 10/01/2003

Examiner: Elahee, MD S.

For:

TECHNIQUE FOR SHARING INFORMATION THROUGH AN

INFORMATION ASSISTANCE SERVICE

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

## **CERTIFICATE OF EXPRESS MAILING**

Sir:

I hereby certify that the attached documents listed below are being deposited with the United States Postal Service on the date shown below with sufficient postage as "Express Mail" in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

- 1. Request for Continued Examination (RCE) Transmittal;
- 2. Amendment;
- 3. Fee Transmittal Form;
- 4. Petition for Two-Month Extension of Time; and
- 5. Return receipt postcard.

David Wahl Name of Person Mailing November 01, 2006 Date of Deposit

EV 336269662 US

Express Mail Number

Signature of Person Mailing Paper